

Michigan Department of Community Health WIC Program
Single-User Breast Pump and Attachment Kit Inventory Log
(Personal User Electric, Manual Pumps)

Model Name of Pump _____

Beginning Date _____
Mo. Day Year

Date of Action	Beginning Number of Individual Pumps in Stock (A)	Number of Individual Pumps Received/ Source (B)	Number of Pumps Disbursed (C)	Number of Pumps Available (A+B-C=D) (D)	When Pumps Disbursed to Other Clinics or Peer Counselor, Indicate Where or to Whom	Action Taken By (Signature of Staff Member)